

| GRADUATE ASSISTANT MONTHLY GROUP HEALTH INSURANCE RATES FOR CY 2005* | | CONTRACT TYPE | |
|---|-----------|---------------|---------|
| PLAN NAME | PLAN TIER | | |
| | | SINGLE | FAMILY |
| STANDARD PLAN | 3 | 579.30 | 1404.20 |
| STATE MAINTENANCE PLAN | 1 | 372.70 | 931.90 |
| ATRIUM HEALTH PLAN | 1 | 339.80 | 846.00 |
| COMPCAREBLUE - AURORA FAMILY | 1 | 285.00 | 709.10 |
| COMPCAREBLUE NORTHEAST | 2 | 365.00 | 909.10 |
| COMPCAREBLUE NORTHWEST | 1 | 364.10 | 906.80 |
| COMPCAREBLUE SOUTHEAST | 1 | 356.50 | 887.80 |
| DEAN HEALTH PLAN | 1 | 305.60 | 760.60 |
| GHC-EAU CLAIRE | 1 | 381.20 | 949.60 |
| GHC-SOUTH CENTRAL | 1 | 293.90 | 731.30 |
| GUNDERSEN LUTHERAN | 1 | 355.50 | 885.40 |
| HEALTH TRADITION | 1 | 372.80 | 928.60 |
| HUMANA-EASTERN | 2 | 398.60 | 993.10 |
| HUMANA-WESTERN | 1 | 374.30 | 932.30 |
| MEDICAL ASSOCIATES HMO | 1 | 318.90 | 793.80 |
| MERCYCARE HEALTH PLAN | 1 | 279.80 | 696.10 |
| NETWORK-FOX VALLEY | 1 | 330.10 | 821.80 |
| PHYSICIANS PLUS | 1 | 308.90 | 768.80 |
| PREVEA HEALTH PLAN | 1 | 354.20 | 882.10 |
| UNITEDHEALTHCARE | 1 | 309.60 | 770.60 |
| UNITY-COMMUNITY | 1 | 361.60 | 900.60 |
| UNITY-UW HEALTH | 1 | 293.90 | 731.30 |
| *These are the total monthly premium rates. Employer and employee contributions were not available at the time of printing. See your benefits and payroll specialist and page A-2 for more information. | | | |